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INSIDE: NURSE ABUSE SURVEY

The Pension Clawback and its Implications

(Edited from "The Worklife Report", Vol. 7, No. 4)

Canadians have been slow to wake up to the fact that they may have no old age security benefits to look forward to when they retire. Even the Canadian Labour Congress, usually among the first to speak up for our social security programs, has been remarkably silent on the subject of Bill C-28, the so-called "clawback" legislation.

Of course there have been other matters to distract attention in recent months—Meech Lake, the GST, and unemployment insurance changes, to name a few. However, the lack of debate on the clawback Bill is largely explained by the way the federal government has gone about ensuring the virtual elimination of the Old Age Security program. It has not taken the axe to the program, it has sentenced it to death by attrition, hoping, no doubt, that most people will be unaware of what is happening or won't care too much about it until the program is well on its way to extinction.

The government, understandably, doesn't admit that its objective is to phase out the OAS program. That wasn't part of its election platform. All it's doing, it says, is reducing OAS benefits for persons with incomes over \$50,000 a year by applying a 15 per cent surtax on incomes above that level, the surtax to be deducted from OAS benefits. That would affect only 4 per cent of OAS pensioners—those who come into the 'high-income' category.

The legislation, though, is more insidious than that. The \$50,000 threshold above which OAS benefits will be recovered will rise each year by an amount equal to the increase in the CPI less 3 per cent. The pensions people receive at retirement, however—from OAS, the CPP, employment pension plans and RRSPs—will increase by a larger amount each year because of growth in the funds or earnings on which private pensions are based and because of cost-of-living increases in public plans. So an increasing proportion of pensioners will find themselves with incomes above the threshold. And some years down the road it will be the average pensioner, not just the high-income pensioner, who is handing back his or her OAS benefits to the government.

The proposed pension clawback is a thinly disguised plan to eliminate universal OAS benefits, which supposedly were a "sacred trust." Benefits ultimately would be paid only to those with low incomes. But Bill C-28 can also be criticized on other grounds. It is discriminatory. And it undermines private and group arrangements that have been made on the assumption that OAS will be part of retirement income.

The proposed pension clawback is a thinly disguised plan to eliminate universal OAS benefits which supposedly were a "sacred trust".

The legislation is discriminatory in two ways. First, it penalizes couples who are dependent on one source of employment-related pension income. For example, a couple whose pension income consists of one person's OAS, CPP and employment pensions amounting in total to over \$50,000 will find that the OAS pension is subject to the clawback. However, a couple who *each* have OAS, CPP and private pension income amounting to somewhat less than \$50,000 (close to \$100,000 between them) will not be affected by the surtax. That's not the way the tax system is supposed to work.

Secondly, though probably of less consequence, it discriminates against pensioners on the basis of country of residence. Those who stay in Canada will have no escape. However, those who choose to spend their retirement in another country—which some immigrants and some of the well-to-do might be expected to do—will not be affected by the clawback since they will file tax returns in their country of residence. (And the government surely will not put restrictions on where people choose to live after retirement).

The legislation is also unfair in that it penalizes individuals and groups who have planned their retirement income on the reasonable assumption

that OAS benefits will be part of it. For individuals now retired, the unfairness of it is changing the rules of the game when it is too late to do anything about it. For example, some of those who will be affected by the legislation might have avoided the surtax by investing their savings in property rather than in an RRSP.

The clawback will undermine many private plans in a significant way. Since an increasing proportion of those who retire each year are going to have pension income close to the threshold, many retirees are going to finish up in the super-tax category simply because their private pensions are indexed to keep up with inflation. Thus, many of those who had negotiated and in some cases contributed to plans designed to guarantee that the purchasing

One wonders if the government has given any thought to the implications of the clawback—other than the money that will be saved through reduced benefits.

power of their pensions would be maintained throughout their retirement are going to find out that their indexed adjustments don't do that at all.

The clawback probably will also have an effect on individuals' retirement and saving decisions. Should I work one more year and earn an extra year's pension which will put me above the threshold, or retire now and avoid the clawback? Should I put my savings into an RRSP or into assets that won't affect my OAS benefits? Should I invest in bonds or equities? The latter question arises because income from equity investment is grossed up by 25 per cent before calculating tax. So persons with income from such investments could find that the grossing-up provision pushes them into the clawback zone. Individuals will surely give a lot of thought to the implications of the clawback and to the question of how to minimize its effects.

One wonders if the government has given any thought to the implications of the clawback—other than the money that will be saved through reduced benefits. The Senate Committee that recently studied the Bill did give consideration to some of them and it made three recommendations which, if adopted, would remedy the major deficiencies.

The main recommendation was that the income threshold at which OAS recipients become subject to the clawback be increased each year in accordance with the rate of inflation. The effect of that

would be to limit the impact of the clawback in future years to a small percentage of "high-income" pensioners—in line with the government's stated intention.

A second recommendation was that the threshold level be based on family income rather than individual income. The Committee proposed that it be set at a family income level of \$66,850, an amount that would generate the same amount of tax revenue as that from the \$50,000 individual threshold. If accepted, that recommendation would remedy a major discriminatory aspect of the Bill.

The third recommendation addresses an issue to which we have not referred—the view of many pensioners that they paid for their OAS benefits between 1950 and 1975 through 'earmarked' taxes. The Committee concluded that this special tax led many Canadians to conclude that they would continue to receive OAS benefits and accordingly it recommended that a credit of \$75.00 be applied against calculated OAS benefits reduction tax.

There is a question whether the second and third recommendations are within the powers of the Senate and if it is ruled that they are not the Committee's report obviously cannot be adopted in full by the Senate. The sole question the government may have to address, therefore, is whether or not it is prepared to index the threshold income level and limit the effect of the Bill to the four or five per cent of pensioners with the highest income levels.

If the government is unwilling to accept that recommendation, there will be no doubt as to what its true intention is. And it then will be up to the much-maligned Senate to decide whether or not it is willing to see this Bill become law.

Pension Alert **Purchasing Service**

DID YOU:

Withdraw pension contributions?

Not participate in the pension plan when eligible to participate?

Sources within Pension Administration have suggested that the cost of service buy-back may increase dramatically in the very near future.

Presently, when purchasing prior service, the contributions are based on the wages earned during the period of buyback. For example if purchasing service from 1976, the contributions are based on 1976 salary. The expected change will mean that in order to have 1976 service recognized, you will have to pay contributions based on *current* salary rates.

Contact your Employer as soon as possible.

Get your buyback request in now!

A message from the UNA Pension Committee

AUPE RALLY



UNA President Heather Smith added UNA's voice to the many groups who expressed support of AUPE Local 6 in its battle with the government. ♡

NURSE ABUSE: It's NOT Part of the Job!

The following article was written by Terry Robertson, a staff nurse working on a psychiatric unit in the Bow Valley Centre (Calgary General Hospital).

What is abuse to us as nurses? That question conjures up several ideas. Each one of us can have a different idea about what abuse for ourselves means. Is it being slapped, punched, pinched, spit at, kicked, scratched, sworn at or threatened? Abuse for nurses is all of this and more. Can patients abuse us? They can, and they do.

As a nurse working in a psychiatric setting, I face abuse from patients regularly. I have faced abuse from patients when I worked in other areas of nursing as well. Have you? I would speculate that all nurses could cite at least one incident of abuse they have experienced from a patient. Why has this issue now come to the forefront?

I feel the reasons that abuse occurs to the extent it does are numerous. First, as a female-dominated profession we have silently accepted the abuse, since women are conditioned to believe that our rights are not important when compared to the rights of others.



Second, there is a belief that the abuse we receive is a "consequence" of the work we perform. After all, sick people aren't responsible for their actions. Third, the "Mental Health Act" has been revised and provides for more rights for the patient. Unfortunately little consideration is given to the rights of the staff working with these patients, as well as the other patients around them. Four, there exists a lack of properly trained and adequately utilized security personnel. Fifth, inadequate medical management occurs of patients who are disturbed (ie. medications to assist the patient to maintain control or to help alleviate their suffering are not ordered or are not given). Six, ignorance exists on the part of the police, lawyers and judges about what abuse is for nurses—that no one deserves to be a victim. If the legal community could be educated about violence towards nurses, more nurses would receive support in laying charges against patients who abuse them. Seven, lack of workplace support for those nurses who do speak out about abuse and who wish to charge patients with assault. Support from co-workers, nursing supervisors, directors and hospital administrators, and staff health does not always exist. As a result of lack of education, lack of support, and lack of assertively voicing our rights, nurses may not report abusive incidents.

"As a result of lack of education, lack of support, and lack of assertively voicing our rights, nurses may not report abusive incidents."

Nurse abuse has occurred in the past, and is occurring now. What can we do to help ourselves? First, we as nurses must begin to assert our rights as human beings. We must not accept the idea that abuse is deserved, that it is an unfortunate consequence, a right of others, or that it cannot be prevented and that we must therefore accept it. Abuse of nurses will never be eradicated but it can be diminished. We can protect ourselves.

Political action is necessary to put pressure on the government to change the Mental Health Act which is restrictive in allowing medically-trained staff to provide protection and treatment to patients when they have been found in need of it. Nurses, supervisors, physicians, lawyers, police, and the public must be educated about nurse abuse. It should be made clear that it will not be tolerated by nurses. We should utilize health and safety committees, the Professional Responsibility Committee, the grievance procedure, and the legal system to assert our rights to a safe work environment. Informed, supportive, and active committees should exist in each patient setting to help nurses be educated about what abuse is, how to help prevent it, and how to report it. Media coverage about abuse can educate and pressure hospitals, nursing homes, health units,

etc. to provide protection for, and assistance to, nurses who face abusive situations with patients. Unions, management, health services, psychological services, and legal representation must be available to provide guidance and support to the abused nurse.

I cannot stress enough the grave concerns I have about the issue of nurse abuse. I fear that the effect of abuse on nurses does affect the quality of care

for our patients. Our rights as people are undermined. No one deserves abuse. If we do not take the responsibility to tell society that we will not tolerate abuse, we give ourselves and others the message that abuse is OK. Do you think you deserve abuse? Do you tolerate abuse? Only when we as nurses say "no" to these questions, will we have asserted our right to carry out our jobs free from abuse by anyone.

Nurse Abuse Questionnaire

The Occupational Health & Safety Committee has developed a survey on nurse abuse in order to determine the extent of the problem. Please complete the questionnaire and return it to your local Presidents by **September 15**.

DIRECTIONS: Place a check (✓) in the YES or NO columns. If you check YES please indicate the number of incidents beside the check mark. DO NOT identify any individual by name.

Local Name _____ Local Number _____

Are you male? _____ female? _____

Are you an RN/CGN? ☐ RPN? ☐ Student Nurse? ☐ How long have you been a nurse? _____

PHYSICAL ABUSE

1. Have you ever been physically attacked by:

	YES	NO	Number of Times	Area of Nursing
(i) a patient	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(ii) a colleague	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(iii) a visitor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(iv) other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Did the incident(s) involve:

	YES	NO
punching	<input type="checkbox"/>	<input type="checkbox"/>
pushing	<input type="checkbox"/>	<input type="checkbox"/>
biting	<input type="checkbox"/>	<input type="checkbox"/>
scratching	<input type="checkbox"/>	<input type="checkbox"/>
spitting	<input type="checkbox"/>	<input type="checkbox"/>
kicking	<input type="checkbox"/>	<input type="checkbox"/>
pinching	<input type="checkbox"/>	<input type="checkbox"/>
hair pulling	<input type="checkbox"/>	<input type="checkbox"/>
use of an object	<input type="checkbox"/>	<input type="checkbox"/>
other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

3. Were you working alone at the time of the incident?

YES ☐ NO ☐

(If no, then number of other people present)

4. Was the attacker cognitively impaired?

YES ☐ NO ☐

5. In response to the incident(s) did you?

	YES	NO
(i) ignore the abuse	<input type="checkbox"/>	<input type="checkbox"/>
(ii) report it to management	<input type="checkbox"/>	<input type="checkbox"/>
(iii) report it to the union	<input type="checkbox"/>	<input type="checkbox"/>
(iv) report it to the AARN	<input type="checkbox"/>	<input type="checkbox"/>
(v) report it to other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
(vi) file an incident report	<input type="checkbox"/>	<input type="checkbox"/>
(vii) file a WCB claim	<input type="checkbox"/>	<input type="checkbox"/>
(viii) use sick time to recover	<input type="checkbox"/>	<input type="checkbox"/>
(ix) take vacation	<input type="checkbox"/>	<input type="checkbox"/>
(x) notify police and lay charges	<input type="checkbox"/>	<input type="checkbox"/>
(xi) notify policy and not lay charges	<input type="checkbox"/>	<input type="checkbox"/>
(xii) other _____	<input type="checkbox"/>	<input type="checkbox"/>

6. What was your employer's response to the incident(s)?

7. Describe the incident(s). (i.e. when the incident took place, extent of injury, what precipitated the incident etc.)

What recommendations/issues/concerns should U.N.A. pursue?

VERBAL ABUSE

1. Have you ever been verbally abused by:

	YES	NO	Number of Times	Area of Nursing
(i) a patient	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(ii) a colleague	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(iii) a visitor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
(iv) other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Did the incident(s) involve:

	YES	NO
insults	<input type="checkbox"/>	<input type="checkbox"/>
threats	<input type="checkbox"/>	<input type="checkbox"/>
accusations	<input type="checkbox"/>	<input type="checkbox"/>
swearing	<input type="checkbox"/>	<input type="checkbox"/>
screaming	<input type="checkbox"/>	<input type="checkbox"/>
sexual remarks	<input type="checkbox"/>	<input type="checkbox"/>
other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

3. Were you working alone at the time of the incident?

YES ☐ NO ☐

(If no, then number of other people present)

4. Was the attacker cognitively impaired?

YES ☐ NO ☐

5. In response to the incident(s) did you?

	YES	NO
(i) ignore the abuse	<input type="checkbox"/>	<input type="checkbox"/>
(ii) report it to management	<input type="checkbox"/>	<input type="checkbox"/>
(iii) report it to the union	<input type="checkbox"/>	<input type="checkbox"/>
(iv) report it to the AARN	<input type="checkbox"/>	<input type="checkbox"/>
(v) report it to other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
(vi) file an incident report	<input type="checkbox"/>	<input type="checkbox"/>
(vii) file a WCB claim	<input type="checkbox"/>	<input type="checkbox"/>
(viii) use sick time to recover	<input type="checkbox"/>	<input type="checkbox"/>
(ix) take vacation	<input type="checkbox"/>	<input type="checkbox"/>
(x) notify police and lay charges	<input type="checkbox"/>	<input type="checkbox"/>
(xi) notify policy and not lay charges	<input type="checkbox"/>	<input type="checkbox"/>
(xii) other _____	<input type="checkbox"/>	<input type="checkbox"/>

6. What was your employer's response to the incident(s)?

7. Describe the incident(s). (i.e. when the incident took place, extent of injury, what precipitated the incident etc.)

Negotiations '90

UNA Health Unit Locals Make Big Gains

by Trudy Richardson, LRO

The Health Unit Negotiating Committee is pleased to report that two Health Unit Collective Agreements have been negotiated which have been ratified by an overwhelming majority of the health unit membership in a ratification vote held on July 25, 1990.

One agreement covers nurses at the Alberta West Central Health Unit; the other covers nurses at eight health units—City of Lethbridge, Big Country, Wetoka, Northeastern, Minburn-Vermilion, Vegreville, Leduc-Strathcona and Jasper National Park.

UNA went into these two rounds of bargaining with three distinct goals:

1. parity between UNA health unit contracts
2. parity with UNA hospital contracts
3. a satisfactory resolution to the Hours of Work Article

In regards to the first objective, UNA was successful in bringing the two contracts into line with each other. We achieved common wording in most articles—and where Alberta West Central had superior benefits that the Group of Eight employers flatly refused to consider, Alberta West Central retained those benefits, and vice versa.

In reference to the second objective, UNA came much closer to parity with hospital nurses. Again, where the health units had superior benefits (eg. educational allowances and vacations), these were retained. The most significant aspect of this goal of parity with hospitals was wages. While we still do not have identical dollar figures, we have reduced the gap significantly. Nurses with degrees at the top end of the increment scale will actually be paid, on yearly average, either the same or more than equivalent hospital nurses. The Long Service Increment became Step 7 and shall be paid after 1,827 hours on Step 6. We also achieved equivalent weekend premiums.

Three places where we did not achieve parity with hospital nurses are the overtime rate [health units remain time and one half (1 1/2 x)]; benefits (eg. health units are 50/50 cost-sharing, while hospitals are 75/25 cost-sharing); and an 8th salary increment.

The third objective—a resolution of the Hours of Work Article—became the major focal point of negotiations. For several rounds of bargaining, the employers have sought to open up the hours of work of full-time community health nurses. In prior collective agreements all home care nurses and part-time community health nurses have had "open" hours—0730 hours to 2200 hours seven days a week. Full-time CHN's had restricted hours—0800 hours to 1700 hours Monday to Friday. There was also a rather confusing system of premiums paid to full-time CHN's for evening work—a system which actually violated the Employment Standards Code. These hours of work were slightly different in the Alberta West Central contract, but their employer sought the same changes as the Group of Eight employers.

In effect, the employers wanted all health unit nurses to be able to work between 0700 hours and 2200 hours, seven days a week, with overtime kicking in after seven hours a day and after 35 hours per week.

This employer position was backed up with rationale that the Union tended to agree with—more palliative care, more evening clinics, more post-hospital care etc. is a trend in a health care system that emphasizes preventative and community-based services. What the Union could not agree to was wide open hours with no restrictions. For example, every nurse would have to be guaranteed two consecutive days of rest per week. We negotiated this into the article. What we did not achieve were restrictions on evening and weekend work. One of the problems we faced when we tried to negotiate these restrictions is the fact that the employers are not themselves certain they can have nurses working evenings and weekends—they are already short-staffed and in financial straits. Another problem we faced in negotiating evening and weekend restrictions is that rather than giving the employer something in return for near-parity wages, the Union was actually putting restrictions on home care and part-time CHN's—a restriction not in the expired collec-



Members of the Health Unit Negotiating Committee pose for the camera after winning major gains for health unit nurses. Standing from left to right: Heather Smith (UNA President), Linda Whalley (Local 90), Trudy Richardson (Chief Negotiator) and Liz Markovich (Local 114). Edna King-Hunter (Local 97) is seated in front.

tive agreements.

The final hours of work provisions give all health unit nurses the same normal daily and weekly hours—between 0730 and 2200 hours seven days a week, with two consecutive days of rest per week guaranteed. It is the view of the Negotiating Committee that just as scheduling restrictions in the hospital contracts have been negotiated in succeeding collective agreements, so too must the Health Unit Locals carefully monitor their employers' actions over the next year, and based on actual employer practises and abuses, put forth contract proposals for the next and subsequent rounds of bargaining. It would seem that this is especially true at Lethbridge and at Minburn-Vermilion.

Over and above the gains indicated above, UNA achieved additional improvements including:

- one-for-one recognition up to the 6th level for health unit experience
- two-for-one recognition up to the 6th level for other nursing experience
- a two-year term—the agreement remains in same time frame as hospitals
- increased on-call/call-in and call-back premiums
- "grandchild" added to the bereavement list

- increased subsistence monies
- abolition of subsistence receipts
- increased kilometre rates
- abolition of \$5.52 per day transportation pay back

UNA did not achieve everything we wanted, but we made substantive gains in many areas.

It was with one major caution that the Negotiating Committee recommended these contracts for ratification—all Locals must be prepared to monitor, document and propose restrictions and changes to the Hours of Work Article. The Negotiating Committee was mandated to open up the hours of work in return for parity with hospital wages. We have followed the directive we received. The gains will be worth it **only if** the next Negotiating Committee is provided with clear directions and ample documentation regarding hours of work.

Documentation is also needed regarding health and safety issues. In order to get any kind of health and safety committee established in the collective agreements we need to have the Locals raise these issues constantly with their employers. Cases must be documented for the next round of negotiations.

Youville Home Nurses Reach Agreement

Lorraine Bates, President of Local 154, and Ann Gengos, Negotiating Committee member, knew their members had one goal prior to negotiations—to reach parity with hospital nurses. Although small in number, the Local was determined to achieve their objective—and can now claim success. The previous agreement with Youville, which expired June 30, contained only six salary increments, with the top rate two dollars and eighty-eight cents below that of hospital nurses.

Shift differential also lagged behind those enjoyed by most nurses and no provision for weekend premium existed. The new agreement, which was reached at midnight of June 28, corrects those anomalies and brings the agreement into line with the hospitals.

"The days when employees of nursing homes could be treated as second-class citizens are over," said David Harrigan, UNA Director of Labour Relations, who served as chief negotiator for the Local. "Happily both parties came to the table with a commitment to solve problems. The members can be proud of the work done by Lorraine and Ann."

The new agreement, which has been ratified by both parties, provides for increases of 19.7% to 27.4% over twenty-one months and mirrors the provincial hospitals agreement reached by UNA earlier this year.

Mid-Contract Wage Increase for CPL Nurses!

On July 10th UNA President Heather Smith and the Presidents of the three CPL locals involved (Hazel Paish, Jean Knight and Cecilia Arnold) met with CPL representatives and agreed to a four per cent wage increase.

The employer refused to consider additional financial improvements at this time. The employer did promise to address wage inequity when negotiations commence this fall. The current agreement expires December 31, 1990.

Throughout 1989 the Union repeatedly recommended to the employer that wages be increased to counter short-staffing. The employer has maintained that its inability to pay is the reason that wages and benefits are substantially less than those paid in hospitals. However other nursing home employers (Extencicare and the Youville Nursing Home) have agreed to hospital wage rates.

Negotiations to implement a pension plan failed in January of 1990. The employer refused to participate in a pension plan unless the provincial government provided specific monies to fund a pension plan.

First Contract Reached for High Level Health Unit

by Heather Smith, President

After more than two years of struggle, nurses working for the North Western Health and Social Services Board have a first contract.

On April 18th, the first collective agreement was reached for nurses working for the health unit which covers High Level, Fort Vermilion, La Crete and Rainbow Lake.

Throughout the two years of talks Local President Wanda Lister and the local members remained firm in their resolve to achieve a first contract.

The contract includes wage parity with hospital wage rates.

The agreement spanned January 1988 to March 31, 1990. Negotiations will soon begin for the next collective agreement.

Enjoy Your Additional Day Off—You've Earned It!

by Heather Smith, President & Barb Surdykowski, LRO

On November 1, 1990, nurses employed in the hospital sector will begin to enjoy a major achievement in contract negotiations.

Since the beginning of the trade union movement, workers have fought for a reduced workweek. Unions have recognized the need to increase time away from the worksite in order to improve the quality of working life for employees. Rapid staff turnover, burnout, frequent and prolonged periods of illness as well as generalized feelings of job dissatisfaction and frustration have been attributed to excessive hours of work. Ample blocks of time away from the worksite afford the employee an opportunity to relieve herself of the stress of the occupation through increased family and social time and an opportunity to pursue other interests.

Throughout the abundance of nursing manpower studies, staff nurses have consistently identified the "long hours" as a major source of dissatisfaction in the nursing profession. In fact, nurses currently working in hospitals, nurses who have decided to leave nursing and nurses who have not been persuaded to return to nursing, all cite the hours of work as a major contributing factor to the resultant shortage of working nurses.

The members of the United Nurses of Alberta have committed years to the improvement of working conditions for the staff nurses in Alberta. UNA members have paid a heavy price over the years in an effort to improve those conditions—a price you were willing to pay. The reduced workweek is a long term investment into your health and happiness while keeping nurses in nursing.

So, enjoy your day off—you've earned it!

Article 7—Hours of Work What Does It Mean?

(Articles 7.06(c) and (d) for the 1990-91 Collective Agreement.)

Full-time employees will receive an extra day of rest every four weeks. Weekly hours will decrease from 38 3/4 to 36.81, averaged over one complete cycle of the shift schedule.

The Basic Rotation (Article 7.06(c))

The new "basic" schedule must include the following provisions:

- The employee must always be scheduled to have a minimum of 15 1/2 hours off duty between shifts.
- The employee cannot be scheduled to have a single day of rest. The additional day of rest each four weeks must be combined with another day of rest.
- The employee must be scheduled off duty on 1/2 of the weekends averaged over the shift schedule. An employee cannot be scheduled to work more than two consecutive weekends.
- A weekend must be a *minimum* of 56 hours off duty.
- The employee cannot be assigned to work an evening shift on Friday and return to work on the day shift Monday.
- A weekend is to include all day Saturday and Sunday. Therefore the employee cannot be scheduled to return to work prior to 0001 hours on Monday.
- The employee cannot be scheduled to work more than six consecutive days of work.

Option I (Article 7.06(d))

- The employee must always be scheduled to have a minimum of 15 1/2 hours off duty between shifts.
- The employee cannot be scheduled to have a single day of rest.
- The employee must be scheduled off duty on alternate weekends.
- A weekend must be a *minimum* of 56 hours off duty.
- The employee cannot be assigned to work an evening shift on Friday and return to work on the day shift Monday.
- A weekend is to include all day Saturday and Sunday. Therefore the employee cannot be scheduled to return to work prior to 0001 hours on Monday.
- One weekend in each four weeks must be a long weekend, ensuring a *minimum* of 79 3/4 hours off duty. The extended weekend off is to include all day Saturday and Sunday.
- The employee can only be scheduled to work 7 consecutive shifts *once* in each four week cycle.

Option II (Article 7.06(d))

- The employee must always be scheduled to have a minimum of 15 1/2 hours off duty between shifts.
- The employee cannot be scheduled to have a single day of rest. The additional day of rest each four weeks must be combined with another day of rest.
- The employee must be scheduled off duty three weekends in a six week period.
- A weekend must be a *minimum* of 56 hours off duty.
- The employee cannot be assigned to work an evening shift on Friday and return to work on the day shift Monday.
- A weekend is to include all day Saturday and Sunday. Therefore the employee cannot be scheduled to return to work prior to 0001 hours on Monday.
- One of the three weekends off must be a long weekend, ensuring a *minimum* of 79 3/4 hours off duty.
- The employee can only be scheduled to work seven consecutive shifts *twice* in a six week cycle.
- An employee is required to be scheduled for twenty-seven days of rest in a six week period.

Article 37— Extended Work Day Rotations

(Articles 37.05 and 37.06 of the 1990-91 Collective Agreement.)

Extended workday nurses will receive an additional day of rest every six weeks. Scheduling requirements will not change.

Schedules must provide for:

- 22 1/2 hours off duty on a shift changeover.
- A minimum of 2 consecutive days of rest per week.
- 2 weekends off in each 4 week period.
- A weekend must be a minimum of 59 hours off duty.
- A weekend is to include all day Saturday and Sunday.
- Not more than 4 consecutive shifts nor more than 4 shifts per week should be scheduled.

Effective November 1, 1990, the weekly hours for extended shift workers will decrease from a 38.79 hour workweek to a workweek of 36.93 hours.

Effective November 1, 1990, maximum daily hours will be 11.08 hours (eleven hours and five minutes).

Rotations must be either a six week cycle or a multiple of six weeks, to ensure that the rotation provides the proper number of days of rest and average weekly hours. The rotation must provide for twenty extended shifts in each six week period.

Daily Hours, Meal Periods and Scheduled Breaks

If an employee is *at work for 8.25 hours*: she is paid for 7.75 hours and receives an unpaid (unless she is required to be readily available to return to work) meal break of thirty minutes and two paid fifteen minute rest periods.

If the employee is *at work for twelve hours and five minutes*, the employee is paid for eleven hours and five minutes:

- The employee is entitled to two meal periods of *thirty minutes*. Meal periods are not paid unless the employee is required to be readily available to return to duty.
- The employee is also entitled to three paid rest breaks of fifteen minutes.

If the employee is *at work for twelve hours and fifteen minutes*, the employee is paid for eleven hours and five minutes:

- The employee is entitled to two meal periods of *thirty-five minutes*. Meal periods are not paid unless the employee is required to be readily available to return to duty.
- The employee is also entitled to three paid rest breaks of fifteen minutes.

Extended shift rotations cannot require the same employee to work both 11.08 hour and 7.75 shifts. An employee working extended shifts must only work extended shifts. An employee who works 7.75 hour shifts must only work 7.75 hour shifts.

Is Your Schedule Contractually Accurate?

When your new schedule is posted, check to make

sure it is contractually accurate. If your schedule violates the collective agreement, contact your Local President or call the UNA office, for assistance.

Part-Time Employees

The scheduling improvements apply to part-time employees.

Part-time employees will benefit from the reduction in full-time hours, as the annual hours required for increments will decrease and where benefits (e.g. sick leave credits) are pro-rated, the part-time employees will accumulate these benefits slightly faster.

The reduced workweek for full-time employees does *not* mean a reduction in a part-time employee's hours.

What Does Your Letter of Hire Say?

It is very important that the letter of hire provided to part-time employees specifically states the *number of hours per shift* and *shifts per shift cycle* that the employee regularly works. Where an employee has regularly worked in excess of the letter of hire, the employee should request that her letter of hire be amended to guarantee those hours in the future. (See Article 30.03(c) of the collective agreement.)

All part-time employees are encouraged to check their letter of hire and ensure they are accurate and comply with the collective agreement.

If your letter is not accurate, inform your Local President or call the UNA office. 🍷

Director of Labour Relations Report

by David Harrigan

Now that summer is at long last here, work schedules for the fall should be posted, and all members covered by the hospitals agreement should be aware of how the changes to the hours of work will affect them. There is little doubt that rotations are one of the major sources of dissatisfaction existing in the nursing profession. All members should examine their rotations carefully to ensure the existence of compliance with the provisions of the collective agreement (see story this page).

Members should also be on guard for any attempts to implement *self-scheduling*. Self-scheduling, also known as "flexible scheduling" and "alternative scheduling", amongst other terms, is one of the newer buzz words kicked about by health care administrators. Since most nurses are required to work shifts and weekends, it is easy to see why self-scheduling would be attractive. Who would not enjoy the freedom of deciding one's own schedule? The ability to schedule work hours around personal time, rather than vice-versa? On first appearance self-scheduling would seem to be the answer to many problems. If only it was true; unfortunately it is not! "Self-scheduling" ranks right up there with "merit pay" as one of the cruellest hoaxes perpetrated on working people.

Many employers who promote the concept of self-scheduling claim that the goal of such a program is to increase autonomy of nurses by giving them control over their work schedules. However, in all such plans, it is the *employer alone* who decides the start and end time of each shift, how many employees must be at work on each shift, and how many employees may be off at any given time. The majority include provisions which severely restrict the ability to exchange shifts once the schedule is posted and which insist employees must cover each other's sick time. Obviously the goal is to create the illusion, rather than the reality, of autonomy.

In other words, it is all smoke and mirrors—pretending to give more power to nurses while in fact giving none. But these self-scheduling plans do even more. Employers report that one of the benefits of these plans is that staff nurses develop a "sense of accountability to each other". In other words, problems with poor schedules, inadequate staffing etc. become the responsibility of employees, and the employer is able to avoid accepting responsibility.

Employers concerned about scheduling should be encouraged to review the collective agreement. They will find that shift schedules are to be posted 12 weeks in advance so that nurses can plan their lives. Shifts can be exchanged between employees (with the agreement of the immediate supervisor). They will find that requests to work permanent evenings or permanent nights can be made only by employees, and cannot be unreasonably denied. They will find that effective November 1, full-time employees' shift schedules under the basic provisions *must* contain 15-1/2 hours off between shifts; at least two consecutive days of rest; and days of rest on one-half of the weekends in any cycle (unless the employee agrees otherwise).

Employers have the sole right to determine the number of staff, and must be held accountable for their decisions. The scheduling provisions are clearly spelled out in the collective agreement and the employer is liable for ensuring they are followed. Don't let them pass the buck. 🍷

Other Nurses

by Melanie Chapman, EPO

Nova Scotia Nurses' Union

Members of the Nova Scotia Nurses' Union recently ratified a three-year hospitals contract. The agreement covers 3100 registered nurses as well as 400 certified nursing assistants.

NSNU went into mediation in the spring after commencing negotiations with the employers' association one year ago. The new contract, which calls for a weekend premium article and improvements in salaries, vacation, and shift differential, is retroactive to April 1, 1989.

A nurse will now receive five weeks of vacation after 15 years of service—instead of 18. As of April 1, 1991 nurses who work at least four hours between 1800 and 0600 will receive \$3.00 for an 8-hour shift and \$3.23 for a 12-hour shift. A new article was added giving nurses a weekend premium of 30¢/hour for all hours worked in a 48-hour weekend period (this weekend period is to be established by each institution).

Nurses' salaries will increase a minimum of 21.5% over the contract term. As of April 1, 1990, nurses who have been working for 10 years or more will receive an additional 3% and on December 1, 1990, nurses with 20 or more years' experience will receive another 3.5% increase. As of April 1, 1991 the salary scale will range from \$32,674 for a starting nurse to \$41,227 for a nurse with 20 or more years' experience.

This round of negotiations marks the first time that the nurses have been able to negotiate a province-wide agreement. Only monetary issues were settled at this bargaining table. Non-monetary provisions were discussed on a hospital-by-hospital basis. These local negotiations have resulted in agreements in all but one institution.

ONA Blacklists Another Employer

A blacklisting of the Regional Municipality of Haldimand-Norfolk by the Ontario Nurses' Association (ONA) was passed by the ONA board of directors recently because of the employer's continued violation of the collective agreement and harassment of the nurses for union activity.

The nurses of ONA Local 78, with about 43 RN members, who work at the Haldimand-Norfolk Regional Health Department requested the ONA board of directors to take this action to publicly censure their employer.

The nurses' call for blacklisting was based on continuing serious problems with the employer. Within a nine month period between Sept. 11, 1989 and May 15, 1990, at least 25 grievances had been filed on behalf of the nurses in the home care program. These ongoing grievances deal with problems such as harassment for union activity, rotation changes which violate the collective agreement vacancy posting and discharge of the Local President. The Ontario Labour Relations Board will commence hearings regarding harassment for union activities at the end of August.

ONA urges all nurses to reconsider accepting employment at the blacklisted agency until the matters giving rise to this censure has been satisfactorily resolved and the blacklisting lifted.

MNU Surveys Nurses

The Manitoba Nurses' Union (formerly MONA—the Manitoba Organization of Nurses' Associations) plans to survey its nurses about the assignment of non-nursing duties to nurses. According to MNU's President, Vera Chernecki, nurses are concerned about the burden this places upon them. "Nurses state that their workloads have increased to such a degree that frequently they are unable to provide safe levels of patient care," said Chernecki. "Nurses surveyed in a Canadian study indicated that 30% of their working time is spent on non-nursing duties which prior to support staff reductions were per-

formed by housekeeping, orderly and clerical personnel." The MNU survey will examine this issue and make recommendations on how to deal with the problem of an ever-increasing workload for nurses.

MNU will begin negotiations on behalf of 8,000 nurses in October. MNU has been gathering proposals and recommendations and will finalize demands in September.

Health care employees working in 23 Manitoba health care facilities will finally receive pay equity wage adjustments following an interim agreement reached between employers and employees. The adjustments for the first 2 years (1988-89) range from \$0.224/hour to \$0.534/hour. The third and fourth year adjustments are due in October 1990 and 1991.

This interim agreement was reached pending the outcome of legal challenges. Earlier this year the Manitoba Labour Board ruled in favour of the employer's implementation process which means that there will remain a gender-based wage gap after 4 years of adjustments. The unions involved (including MNU) have filed an appeal which will be heard in October.

Saskatchewan Union of Nurses

SUN will be holding its province-wide Bargaining Conference on November 6 and 7. All of the SUN agreements expire on March 31, 1991 and the union is already preparing bargaining principles and proposals.

BC Nurses Settle Strike

The five-week old strike by 2400 government nurses came to an end on July 18 when mediator Vince Ready handed in his recommendations. The nurses involved are jointly represented by the British Columbia Nurses' Union and the Union of Psychiatric Nurses and work in community health units outside the greater Vancouver and Victoria areas as well as in psychiatric facilities. They had been without a contract since December 1989 and talks with the employer broke down on May 30, 1990.

At the heart of the dispute was the wage disparity between government nurses and general hospital nurses. Government nurses' wages began to lag behind their hospital counterparts in the early 1980's when a negotiated settlement in 1982 left the government nurses 2% behind the hospital nurses. By 1990 the salary difference between the two groups was \$800/month.

When negotiations broke off the unions proposed that essential services levels be designated by an impartial mediator. The employer instead asked the Industrial Relations Council (the equivalent of Alberta's Labour Relations Board), which is boycotted by BCNU, to set the service level. The IRC designated levels equivalent to full summer staffing and then filed this order with the B.C. Supreme Court.

The nurses decided to withdraw their services according to the unions' designated levels.

A series of rotating strikes lasted throughout June with all provincial government nurses walking off the job on June 21. The nurses returned to work on July 16 after the employer and the unions agreed to be bound by the recommendations of a mediator.

BCNU described the recommendations of the mediator to settle the dispute as an improvement over the government's last offer.

An overview of the complicated salary grid accompanying the recommendations shows an average increase of 21.72% to be implemented within a 14 month-period. Increases will be awarded at the following times: 6.52% as of January 1, 1990; 6.9% as of April 1, 1990; 5% on January 1, 1991; and 2% on March 1, 1991.

BCNU President Pat Savage expressed satisfaction that the dispute had been settled and nurses were able to return to their duties. "It is a shame, however, that it took five weeks of job action and the involvement of a third party to force this government to pay government nurses a more equitable wage for the health care services they provide," said Savage.

ALERT

Victory Under Article 26

by Nora Spencer, LRO

Are you a hospital nurse who is unsure of her right to compensation for additional education? If so, a recent arbitration award may be of interest to you.

The grievor, a staff nurse on an in-patient psychiatric unit, took the Nursing Unit Administration course, but was refused the \$.25/hour educational allowance by her employer. At the arbitration hearing, the employer argued that the NUA course was not "applicable" to a staff nurse position and that payment of the NUA premium should go only to nurses in upper management positions.

The Arbitrator disagreed with the employer on both counts, saying that the wording in Article 26 did not restrict eligibility for educational allowances to certain categories of nurses and that the contents of the course related to the duties performed by the grievor, particularly when she was assigned charge nurse duties. He was satisfied that there was sufficient evidence presented by the union that the material contained in the NUA course provided valuable background knowledge and skills which the grievor used, not necessarily on every shift, but frequently enough to meet the test of relevancy.

The grievor was awarded the appropriate educational allowance under Article 26.04, retroactive to the date the grievance was filed.

If you have been denied educational allowance in the past or are unsure of your entitlement, this award should serve to strengthen your position in cases where you can argue that you use knowledge and skills obtained from additional education on a regular basis in your work.

Any member who has questions about receiving payment for her education should contact her Labour Relations Officer. ☞

Labour Notes

Government Doesn't Need Advice

"I expect that no prudent management or government will be able to ignore them (PSRC recommendations)." Harvie André, Minister Responsible for Canada Post, June 27, 1988.

In the February 20, 1990 federal budget, the federal government dealt a deathblow to the Postal Services Review Committee (PSRC), the advisory body it created in 1988 to review postal rates and services.

The government did not explain its decision to disband the Committee in the budget. However, it is no secret that the Tories were not pleased with the PSRC's first report issued in November of 1989. With minor exceptions, the government ignored the recommendations of this report.

The PSRC recommended against most of Canada Post's plans to deregulate a variety of products and services. It also recommended that the Corporation use part of the January 1990 rate increase to improve service to the public, small business and rural areas.

According to Darrell Tingley, 1st National V.P. of CUPW, the PSRC was created in order that the public would direct their complaints at a committee instead of the government. Tingley said, "The Government wanted a buffer, not another critic of government plans for Canada Post."

(Edited from CUPW Perspective, Spring 1990)



Letters to the Editor

April 27, 1990

Dear UNA Members:

"Well Kathleen, the vote is in!" The membership of the United Nurses of Alberta had completed voting on ratification of the United Nurses of Alberta's decision to affiliate to the National Federation of Nurses' Unions, but the affiliation vote was rejected. Members of the NFNU National Executive Board asked why—why UNA membership said "no" to adding their numbers to the national voice for unionized nurses in Canada.

Since 1981 unionized nurses in Newfoundland, Prince Edward Island, New Brunswick, Manitoba and Saskatchewan have stood shoulder to shoulder and spoken with one voice about issues affecting us as unionized nurses and health care deliverers in Canada. The Staff Nurses' Association of Alberta joined the ranks in 1984, and the possibility of United Nurses of Alberta adding their unity and strength seemed a real one in 1990.

The NFNU National Executive Board established its priorities for 1990 assuming UNA would not become an NFNU Member Organization during 1990. I believe that it is important that UNA members be aware of these realities. The Board acting on behalf of the current 26,000 members reaffirmed our belief that the National Federation of Nurses' Unions is a necessity. The NFNU must continue to work for unionized "hands-on care" nurses in Canada. The need for a national federation was evident at the founding convention in 1981. It is even more evident today!

How the work is to be accomplished and how the voice will be effectively used became the focus of discussion at the February 1990 Board meeting. Priorities in 1990 will focus on those providing services to current NFNU members. In future, the provision of membership services will only be available to member unions. Of course these services will be made available to non-member nurse unions when they affiliate. While the NFNU remains desirous of having other nurses' unions affiliate, the provision of services to nurses who are members of the NFNU is paramount.

Where do we go from here? I would encourage you as UNA members to examine the decision you have collectively made.

What is keeping us apart? Is it money? Can the financial issue be addressed once a new contract is negotiated and ratified? Are the services we are providing important to UNA? Are issues we have addressed such as the GST, pensions, reductions in federal transfer payments for health, significant to UNA members? Is our work relevant—speaking out—taking action, lobbying governments, presenting briefs, providing data bank information on wages and other bargaining issues and informing the public on issues affecting health care?

What can we do to bridge the river that keeps us divided? Over the next few months we will be examining the issue from our perspective. Will you do some evaluation too? One of the strengths of a nurse is the ability to identify issues, plan how to deal with an issue, evaluate the "treatment", and revise the plan. I would suggest we are at the evaluation stage. The National Federation of Nurses' Unions anticipates the challenges facing us as unionized nurses. As an organization we look forward to your evaluation of the issue as well. If you would like to know more about the services the NFNU offers to its members, please write us at:

National Federation of Nurses' Unions
Suite 405, 275 Slater Street
Ottawa, Ontario K1P 5H9

Yours in unity,
Kathleen Connors, President

AUPE Local 006

Dear Sister Smith:

On behalf of the membership of Local 006, AUPE, we would like to express our sincere thanks to the United Nurses of Alberta for your assistance during our strike. The financial contribution of your Union, the attendance of yourself and others at our meetings and rallies, the use of space, and the moral support on the picket lines was tremendously appreciated.

Our Members are very proud of the stance they took in support of our issues. With the assistance of yourself and your members, we were able to maintain our struggle for improved working conditions and services to the people of Alberta.

We are very pleased that, alongside the Nurses of this province, we were able to challenge our Employer and bad labour laws. We were unwilling to surrender to the Government's threats or inaction at the bargaining table. We will eventually obtain a Contract which addresses our needs.

We look forward to working with you and your members in the future. In the fall, we will be expressing our gratitude in a more formal way and will contact you at that time. In the interim, thanks again and keep up the struggle!

In Solidarity,
Linda Karpowich, Chairperson, Local 006 AUPE

CLC Convention



Four UNA members attended the Canadian Labour Congress 1990 convention in Montreal May 14-18. A report by these members will be made to the 1990 UNA Annual General Meeting. They also took time out to visit FIIQ – the Quebec Nurses' Union. Below from left to right: Norma Desrosiers (Local 76); Maureen Adamkewicz (Local 135); Bruce Chatterton (Local 40); Diane Lavallee (FIIQ President); and Eileen King (FIIQ Sec/Treas).



Reinstatement of UNA Membership

by Melanie Chapman, EPO

Duespayers who have been expelled from UNA membership or who resigned their membership in the face of charges under the UNA Constitution are allowed to apply to the Executive Board for reinstatement of membership.

According to UNA's Constitution and policies, the following criteria must be met including:

1. Application for reinstatement may not take place until one year has passed since the date of expulsion or resignation.
2. The applicant must have knowledge of UNA's history and structure. This information can be obtained from UNA upon request.
3. The applicant must complete education in unionism and the history of unionism. The applicant should contact her Local President about the availability of such education. The cost of the provided education will be at the applicant's own cost.

When the person applying for reinstatement has met the above requisites she should apply to the Executive Board of UNA for reinstatement. The reason for the resignation (if applicable) and the reason for seeking reinstatement should be included in the application. A letter of reference from the Local President must also be submitted.

The President of the UNA Local where the applicant works will be informed of any application for the reinstatement of membership.

Persons who were expelled from UNA membership or who resigned in the face of charges relating to *non-support of a strike* will be reinstated to membership if they actively participated in a subsequent UNA strike(s). Such an individual need not complete education in labour history.

The Executive Board will notify the applicant of its decision. ☺

UNA CHANGES

- Labour Relations Officer Rick Lampshire left UNA in June to take up duties as the Director of Membership Services at the British Columbia Nurses' Union. Good luck, Rick!
- UNA welcomes Yessy Byl, a lawyer currently working for the Canadian Union of Public Employees, to her new position as a Labour Relations Officer (LRO) with UNA.
- Nora Spencer will be working as a temporary LRO in the Edmonton office for the months of July, August, and September. Nora, a former Central District Representative, worked as an LRO for several months in 1989. Good to have you on board, Nora. ☺



SUPPORT YOUR UNION
IT SUPPORTS YOU

BOARD REPORT

May/June, 1990

1. Finance Committee

The Executive Board approved the transfer of \$70,000.00 into the education budget for 1990.

A temporary LRO will be hired for July, August, and September.

Salary replacement (paid to a member who is required to take a leave of absence for union business) was increased to reflect the gains received in the hospitals collective agreement.

2. Executive Board Appeal

Local #11 had applied to the Director of Labour Relations (DLR) and the Executive Officers (EO's) for an addendum to the recently negotiated hospitals agreement. The Local proposed to increase the daily hours of work to 11.5 hours by reducing one meal break to 15 minutes. The application was denied and Local #11 appealed this decision to the Executive Board.

The Executive Board met with Local #11's representative and the DLR to discuss the proposal before going into deliberations.

Isabelle Burgess, Chairperson of the Legislative Committee, reported the Board's decision to deny the appeal. A written decision is to follow.

3. Education Committee

The Education Committee revised the education budget and the distribution of education days to the districts. These revisions were adopted by the Board.

4. Membership Committee

The location of the 1991 Annual General Meeting has been changed from a hotel in Calgary to the Banff Springs Hotel in Banff.

5. Occupational Health & Safety Committee

An article and a questionnaire on nurse abuse will be placed in the next UNA NewsBulletin. The completed surveys will be collected by Local Presidents and forwarded to the Provincial Office in Edmonton.

6. Steering Committee

A letter will be sent to each Local President informing them of the new employer activity of providing employees with letters of expectation. These letters appear to be an attempt to circumvent the disciplinary provisions of the collective agreement. UNA is in the process of grieving these letters at the Foothills Hospital in Calgary.

A constitutional amendment allowing unqualified organizing of allied personnel will be submitted, in a timely manner, to the Legislative Committee. This amendment is to be discussed at District meetings prior to the Annual General Meeting in October. Several members have been approached by other health-care personnel who want to be organized by UNA. Currently no allied personnel can be admitted to the membership without the approval of a two-thirds (2/3) vote of the Executive Board subject to endorsement at the next annual meeting. This amendment is intended to stimulate discussion among UNA members.

The Education Committee will review criteria for the United Nurses of Alberta Labour Education Fund (UNALEF) taking into consideration the funding, on an emergency basis, for salary replacement for mini-workshops. Members are asked to forward their opinions of mini-workshops to the Education Committee.

7. Other

The Executive Board reaffirmed its decision by Board polling to donate \$20,000.00 to AUPE Local #006 (social workers).

A letter commending the stand each premier had taken against the Meech Lake Accord was sent to the following premiers: Clyde Wells (Newfoundland), Gary Filmon (Manitoba) and Frank McKenna (New Brunswick). Another letter expressing displeasure with the process by which Meech Lake was formulated was sent to Premier Don Getty with a copy forwarded to Prime Minister Brian Mulroney.

The Executive Board ratified the contract of the Director of Labour Relations. The term of the agreement is 2-1/2 years.

The hiring of a Research Assistant has been indefinitely deferred.

All local presidents are asked to submit criticisms and recommendations regarding the negotiating process to the Provincial Office (assessments of the process by individual members are also welcomed). These suggestions will determine the changes to be made for the next round of negotiations in 1992. All reports should be submitted by September 30, 1990 to allow for complete review at the November Executive Board Meeting. 🐾

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425-1025

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Sandie Rentz
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Secretary-Treasurer

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482-8397

Valerie Holowach
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Judy Hove
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Michael Mearns
LRO

Marilyn Vavasour
LRO

Laurie Coates
LRO

UNA Annual General Meeting

Tuesday through
Thursday
October 16-18, 1990
at the
Edmonton Inn
Edmonton

Elections will take place for:

- UNA President
- UNA Secretary-Treasurer
- Executive Board members from each District

Locals should be:

- debating issues
- electing delegates

Deadline for
Nominations
Friday, August 31
UNA President
UNA Secretary/Treasurer
District Representatives

NEXT NEWSBULLETIN

Maternity Leave
Rights and Benefits

Report of the AGM
including the
election results

1990 Workshop Schedule

DATE	DISTRICT	WORKSHOP	LOCATION
Sept. 11 & 12	N.D.	P.R.C.	Grimshaw
Sept. 18 & 19	N.C.D.	P.R.C.	Edmonton
Sept. 25 & 26	S.C.D.	P.R.C.	Calgary
Oct. 2 & 3	C.D.	P.R.C.	Red Deer
Oct. 10 & 11	S.D.	P.R.C.	Lethbridge
Oct. 30	Edmonton's one day workshop		
Oct. 23 & 24	N.D.	Grievance	Grande Prairie
Nov. 6 & 7	N.C.D.	Grievance	Edmonton
Nov. 13 & 14	C.D.	Grievance	Red Deer
Nov. 20 & 21	S.C.D.	Grievance	Calgary
Nov. 27 & 28	S.D.	Grievance	Lethbridge

The new UNA Education Program is underway. Register for a course and learn about **your** union, **your** employer, **your** law and **your** contract.

Contact your local president or District Representative for details on how to attend UNiversity